



One Voice

The Newsletter of the Alcoholism and Substance Abuse Providers of New York State

One Columbia Place · Albany · New York 12207(518) 426-3122 · Fax (518) 426-1046
 asap@asapnys.org · www.asapnys.org

Advertising Agreement

Company _____

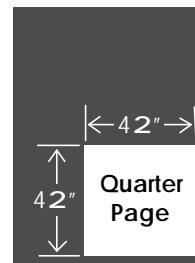
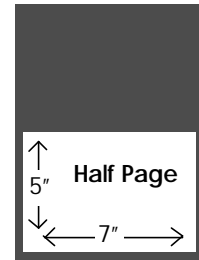
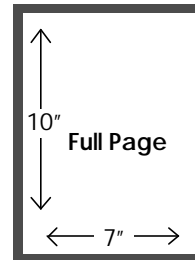
Contact _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Choose the month(s) of publication and advertising option:

June '03 Sept. '03 Dec. '03 Mar. '04 June '04 Sept. '04 Dec. '04

Frequency		1-3x	4-8x
Full Page	Non-Member Rate	G \$500	G \$465
	Member Rate	G \$400	G \$370
Half Page	Non-Member Rate	G \$325	G \$300
	Member Rate	G \$250	G \$235
Quarter Page	Non-Member Rate	G \$200	G \$185
	Member Rate	G \$150	G \$140
Business Card	Non-Member Rate	G \$125	G \$125
	Member Rate	G \$75	G \$75



Total Due: \$ _____ *All prices listed are PER ISSUE.

Payment Method

Check Enclosed, made payable to ASAP Please charge my credit card \$ _____ Visa MasterCard AMEX

Card # _____ Expiration Date (month/year) _____

Name as it appears on card _____ Signature _____

Ad copy and payment should be mailed along with this form to: ASAP, 1 Columbia Place, Albany, NY 12207 (Att: Michael Ballester). All materials must be submitted one month prior to publication.

All ads must conform to the dimensions listed above. Digital copy is preferred and must be scanned in at 300 dpi at 100% of the final size in tiff format. Ads should be submitted on CD-rom or floppy in Microsoft Windows version Photoshop or Quark Xpress 4.1 or lower (inclusive of all graphics and fonts). The files can be sent by email to daddeo@asapnys.org. Camera ready ads may be submitted. Please call for these specifications. Artwork not submitted according to guidelines may be subject to refusal.

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